MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1								51		/				
2								52		/				
3								53		/				
4								54		/				
5								55		/				
6								56						
7								57		/				
8								58		/				
9								59		/				
10								60	/					
11								61		/				
12								62		/				
13								63		/				
14								64		/				
15								65		/				
16								66		/				
17								67		/				
18								68		/				
19								69		/				
20								70		/				
21								71	/					
22								72		/				
23								73		/				
24								74		/				
25								75		/				
26								76		/				
27								77						
28								78						
29								79						
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31								81						
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33								83						
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38								88						
39								89						
40								90						
41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47	/							97						
48		/						98						
49		/						99						
50		/						100						
TOTAL IND.		↓		↵		↵		TOTAL IND.	3	↵		↵		↵
TOTAL DEP.								TOTAL DEP.	27					
TOTAL CLAIMS								TOTAL CLAIMS	30					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS